## **REQUEST FOR SPECIAL DANCING PERMIT**

PLEASE PRINT		Date of this request				
TO:	Alderperson Distric	Alderperson District #				
FROM:	Licensee Name of Individual, Partners, or Agent if a Corporation or LLC					
	Business Name					
	Business AddressZip Code					
	Business Phone					
I am respe	ectfully requesting a Sp	ecial Dancing Per	mit for the above Class "B"	or "C" premises on:		
Date			Time			
(	one date per application**)					
			or which a permit is being so	ought.		
	•	• •	ior to the event for which the the alderperson's decision			
SUBSCRI	BED & SWORN TO BI	FORE ME THIS				
day of, 20						
Notary Public, State of Wisconsin		Signature of App	Signature of Applicant			
My Comm	ission expires					
		FOR OFFIC	USE ONLY			
Alderperson District #		Check Or	e: Grant Deny			
		Signature	of Local Alderperson			
License Di Filed		_ By: Initials	SDANC#			
Issued		_ By: Initials				